



TOBY DOUGLAS  
DIRECTOR

# State of California – Health and Human Services Agency Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

## MEDI-CAL ESTATE RECOVERY QUESTIONNAIRE

**ATTENTION:** Person responsible for the estate of:

Notice of death must be provided to the Department of Health Care Services pursuant to California law (Probate Code sections 215, 9202, and 19202). For faster processing, please complete this form and mail it to the address below.

**Please complete this questionnaire to the best of your knowledge.  
Include a copy of the decedent's death certificate. We will contact you if we have any additional questions.**

**1. Provide the information for the attorney, person or trustee handling the estate:**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Number of heirs to the estate: \_\_\_\_\_ List name(s) and address(es) on separate sheet.

**2. Check any of the following that apply:**

Decedent's spouse or registered domestic partner is still living. If not, provide copy of death certificate.

Decedent is survived by a child under the age of 21, as of the date of death.

Decedent is survived by a child of any age who is blind or disabled. Provide current copy of Social Security Award letter and copy of child's birth certificate.

**3. Is or will the estate be probated?** Yes \_\_\_\_ No \_\_\_\_

If yes, enter the probate number: \_\_\_\_\_ County of filing: \_\_\_\_\_

**4. Is there a trust?** Yes \_\_\_\_ No \_\_\_\_ If yes, provide a copy of the trust.

**5. Did the decedent own any of the following?\*** Provide copies of bank statement, deed, insurance policy etc.

House	Stocks/bonds	Mobile Home	Bank account/cash
Annuities	Retirement accounts	Auto/Boat	Other
Land	Insurance policies	Jewelry	No assets

\*Total estimated value of assets: \_\_\_\_ Did you pay for funeral/burial expenses from your personal funds? Yes \_\_\_\_ No \_\_\_\_ If yes, provide receipts.

Print Your Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_